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DATE: August 8, 2005

PTO IDENTIFIER: Application Number 10/626,530-Conf. #2273
Patent Number

Inventor: Gentz et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: HUMAN GENOME SCIENCES, INC.

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Attorney Dkt. #: PF111U3C1D1

PAGES (Including Cover Sheet): 17

CONTENTS: Fee Transmittal Sheet with appropriate fee (in dupl) (1 page)
Election Under 37 C.F.R. § 1 143 and Amendment Under 37 C.F.R. § 1 111 (8 pages)
Information Disclosure Statement attaching form SB/08 listing references A to BZ (6 pages)
Certificate of Transmission (1 page)

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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006 OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 150.00)

Complete if Known	
Application Number	10/626,530-Cont. #2273
Filing Date	July 25, 2003
First Named Inventor	Reiner L Gantz
Examiner Name	P. M. Mertz
Art Unit	1646
Attorney Docket No.	PF111U3C1D1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number 08-3425 Deposit Account Name Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
23	- 20 = 3	x 50.00	= 150.00

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 7 =	x	=

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(u)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 -	/50	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	<i>M. Hyman</i>	46,789	(240) 314-1224
Name (Print/Type)	Mark J. Hyman	Date	August 8, 2005

PTO/SB/87 (09-04)

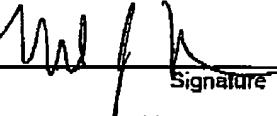
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Application No. (if known): 10/626,530

Attorney Docket No.: PF111U3C1D1

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